Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10766392

						,							
	•	CLAIMS A	(Column		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			26					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26 mir	nus 20=	* 6			X\$ 9=		OR	X\$18=	108	
INDEPENDENT CLAIMS			minus 3 =  *					X43=		OR	X86=		
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT		<u>,                                     </u>			+145=		OŖ	+290=		
* If	the difference	less than ze	ss than zero, enter "0" in column 2			•	TOTAL		OR	TOTAL	87-8		
CLAIMS AS AMENDED - PART II								OTHER THAN					
(Column 1)			<del></del>	(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	<u> </u>	=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JUIPLE DEF	PENDENT	CLAIM		! [	+145=		OR	+290=		
							L	TOTAL		OB	TOTAL		
		F	NDDIT. FEE	<u></u>		ADDIT. FEE							
		(Column 1) CLAIMS		(Colum		(Column 3)	lг		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=	-	OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							4.45		,			
								+145=		OR	+290=		
		A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE							
(Column 1) (Column 2) (Column 3)													
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=	7	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Un			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=	·	OR	+290=		
** [	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	TOTAL ADDIT. FEE		
		ber Previously Paid					r four	d in the app	ropriate box	in col	umn 1.		